

City of Cape May Zoning Permit Application

643 Washington Street
Cape May, NJ 08204
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PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW

BLOCK: _____ LOT: _____ ZONING DISTRICT: _____ FLOOD ZONE: _____

IS PROPERTY IN HISTORIC DISTRICT: _____ IF YES, IS STRUCUTRE A CONTRIBUTING STRUCTURE: _____

PROJECT LOCATION: _____

USE OF PROPERTY: _____ SINGLE FAMILY _____ TWO FAMILY _____ OTHER (EXPLAIN) _____

OWNERS NAME: _____ PHONE #: _____

MAILING ADDRESS: _____ EMAIL: _____

APPICANT/ CONTRACTOR NAME: _____ PHONE #: _____

MAILING ADDRESS: _____ EMAIL: _____

DESCRIPTION OF PROJECT – CHECK ALL THAT APPLY

NEW DWELLING *	\$125	DECK/ PATIO*	\$45	SHOWER ENCLOSURE	\$45	A/C UNITS	\$45
ADDITION*	\$55	FENCE	\$45	DRIVEWAY/PARKING*	\$45	LIGHTING	\$45
GARAGE*	\$55	SIGN	\$45	CURB/SIDEWALK	\$45	USE	\$45
SHED	\$45	POOL*	\$45	LANDSCAPING	\$45	ALTERATION	\$55

* Additions or site improvements which increase impervious coverage by more than 5%, applications that required lot coverage variance; construction of pool, driveway or accessory garage; or new principle structure require submittal: Stormwater and Grading Plan.

APPLICATION FEE: \$100. ENGINEERING ESCROW REVIEW FEE: \$500

OTHER: _____

EACH APPLICATION MUST BE ACCOMPANIED BY A SURVEY, (2) SETS OF PROPOSED PLANS AND RELEATED DOCUMENTS

SURVEY PREPARED BY: _____ DATED: _____

PLANS PREPARED BY: _____ DATED: _____

LANDSCAPE PLAN PREPARED BY: _____ DATED: _____

STORMWATER PLAN PREPARED BY: _____ DATED: _____

DESCRIBE & SUBMIT ALL PRIOR APPROVALS: _____

APPICANT/ CONTRACTOR SIGNATURE: _____ DATED: _____

Applicant or contractor signature will attest all information set forth in tis zoning application and related documents accurately portray the proposed project.

Date Received: _____

Fee Collected: _____

Cash/Check: _____